



Atty. Dkt. No. 016790-0455

Rec 1/4
P. K.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jürgen HOFFMANN
Title: SCANNING MICROSCOPE
AND MODULE FOR A
SCANNING MICROSCOPE
Appl. No.: 10/066,582
Appl. Filing Date: 2/6/2002
Examiner: T. Luu
Art Unit: 2878

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

Inventor(s):

Jürgen Hoffmann
Wiesbaden, GERMANY

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Enclosed are:

- [X] Amendment/Reply (13 pages).
- [X] Information Disclosure Statement (3 pages); PTO SB/08 (1 page); and the six cited art.
- [X] Copy of Examiner's Report dated September 11, 2001 with English translation (4 pages); and copy of Examiner's Report dated January 13, 2004 with English translation (4 pages), both from German parent application No. 101 05 391.6 (filed 02/06/2001).

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	20	- 21	= 0	x \$18.00	= \$0.00
Independents	7	- 4	= 3	x \$88.00	= \$264.00
First presentation of any Multiple Dependent Claims:				+ \$300.00	= \$0.00
CLAIMS/RCE FEE TOTAL:					= \$1054.00

[X] A check in the amount of \$1054.00 to cover the filing and excess claims fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/18/04

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By 

Glenn Law
Attorney for Applicant
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